

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">Unassigned 10/656,582</td> </tr> <tr> <td>Filing Date</td> <td>Assigned 9/5/2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Maruyama, Yohji</td> </tr> <tr> <td>Art Unit</td> <td>Unassigned 2652</td> </tr> <tr> <td>Examiner Name</td> <td>Unassigned EVANS</td> </tr> <tr> <td>Attorney Docket Number</td> <td>16869G-087400US</td> </tr> </table>		Application Number	Unassigned 10/656,582	Filing Date	Assigned 9/5/2003	First Named Inventor	Maruyama, Yohji	Art Unit	Unassigned 2652	Examiner Name	Unassigned EVANS	Attorney Docket Number	16869G-087400US
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Sheet	1	of	1												

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	AA	US-			
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		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
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Examiner Signature	Jeff Evans DE	Date Considered	5/05
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